

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



TO: All County Welfare Directors
All County Administrative Officers

April 5, 1991
Letter No.: 91-34

SUBJECT: NEW FEDERAL POVERTY LEVELS, EFFECTIVE 4/1/91

REFERENCE: ACWDLS 90-42, 90-43

The enclosed chart provides you with the poverty level guidelines which were published in the Federal Register on February 20, 1991, effective April 1, 1990. It revises both the monthly and annual percentages of the poverty level for all Medi-Cal programs. These figures do not include the \$20 any income deduction.

This is to remind counties that the income limit for a qualified Medicare beneficiary (QMB) is 100% of the federal poverty level as of January 1, 1991. The Title II Social Security Administration cost of living increase is to be disregarded for a QMB until the effective date of this chart.

If you have any questions, please contact Marge Buzdas at (916) 324-4972, ATSS 454-4972.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

1991 FEDERAL POVERTY LEVEL CHART

Persons	MMNL	% of FPL	100%	Annual	133%	Annual	185%	Annual	200%	Annual
1	600	109%	552	6620	734	8805	1021	12247	1103	13240
2	750	101%	740	8880	984	11810	1369	16428	1480	17760
2 Adults	934	126%	740	8880	984	11810	1369	16428	1480	17760
3	934	101%	928	11140	1235	14816	1717	20609	1857	22280
4	1100	98%	1117	13400	1485	17822	2066	24790	2233	26800
5	1259	96%	1305	15660	1736	20828	2414	28971	2610	31320
6	1417	95%	1493	17920	1986	23834	2763	33152	2987	35840
7	1550	92%	1682	20180	2237	26839	3111	37333	3363	40360
8	1692	90%	1870	22440	2487	29845	3460	41514	3740	44880
9	1825	89%	2058	24700	2738	32851	3808	45695	4117	49400
10	1959	87%	2247	26960	2988	35857	4156	49876	4493	53920
For each additional member:			188	2260	250	3006	348	4181	377	4520

Medi-Cal maintenance need limit for person in LTC = \$35